



2020 Summer Camp Registration

Camper's Information										
Name:			Sex:		Age:		D.O.B.:			
Mother/Parent 1 Name:				Father/Parent 2 Name:						
Address:				City:		State:		Zip:		
Home Phone #:		Parent 1 Cell #:			Parent 1 Work #:					
Parent 2 Cell #:		Parent 2 Work #:			E-mail:					
Password: (used to confirm safe pick-up)			Emergency Contact Name:			Emergency Contact Phone #:				
Are there any medical conditions/allergies to which we should be notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:										
<i>I understand that it is the intent of Balance 180 Gymnastics & Sports Academy to provide for the safety and protection of my child; therefore, if I am not available I authorize Balance 180 and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment, which may be required.</i>										
_____ Signature of Parent/Legal Guardian					_____ Date					
Persons Authorized to Pick-Up (other than Parents and Emergency Contact)										
Need to know safe pick-up password and present valid photo I.D.										
Name:				Phone #:						
Name:				Phone #:						
Selected Weeks										
(indicate <input checked="" type="checkbox"/> for days attending; check in column "AM" or "PM" for half day hours, "F" for full day hours, or "E" for extended hours)										
Week 1: July 13-17			Week 2: July 20-24			Week 3: Jul 27-31			Half Day Hours: AM: 8:30am-12:30pm We will send an email as we get closer with staggered drop off and pick up times. Extended Hours Per Day: Please select <input type="checkbox"/> Early drop off: 7:30am \$5/child	
	AM	Extended Hours		AM	Extended Hours		AM	Extended Hours		
Mon			Mon			Mon				
Tues			Tues			Tues				
Wed			Wed			Wed				
Thurs			Thurs			Thurs				
Fri			Fri			Fri				
Payment Information										
Balance 180 Member? <input type="checkbox"/> Yes <input type="checkbox"/> No					T-Shirt Size (please circle): CXS(2-4) CS(6-8) CM(10-12) CL(14-16)					
Camp Registration Fee: \$20 (non-members only)					CXL(18-20) AS AM AL					
					How did you hear about us? _____					
<i>I have read, understood and agreed to the Summer Camp Policies of Balance 180 Gymnastics & Sports Academy. I allow my child to participate in the gymnastics summer camp.</i>										
_____ Signature of Parent/Legal Guardian					_____ Date					

For office use only: Deposit paid? Yes No